
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Filing at a Glance

Company:	New York Life Insurance Company
Product Name:	5.0 Select Premier
State:	Arkansas
TOI:	LTC03I Individual Long Term Care
Sub-TOI:	LTC03I.001 Qualified
Filing Type:	Form
Date Submitted:	08/03/2012
SERFF Tr Num:	NWLT-128591785
SERFF Status:	Closed-Approved
State Tr Num:	
State Status:	Approved-Closed
Co Tr Num:	
Implementation	On Approval
Date Requested:	
Author(s):	Jeanette Slabaugh, Amy Irby, Sabrina Pena
Reviewer(s):	Donna Lambert (primary)
Disposition Date:	08/07/2012
Disposition Status:	Approved
Implementation Date:	
State Filing Description:	

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 5.0 Select Premier
Project Name/Number: HIPAA Authorization & Producer Report/

Filing Company: New York Life Insurance Company

General Information

Project Name: HIPAA Authorization & Producer Report

Project Number:

Requested Filing Mode: Review & Approval

Explanation for Combination/Other:

Submission Type: New Submission

Overall Rate Impact:

Deemer Date:

Submitted By: Amy Irby

Filing Description:

RE: New York Life Insurance Company

NAIC#: 66915

FEIN#: 13-5582869

Forms:

ALTC-5010 (0712) Producer Report

LTCHIPAAAuth (0712) Medical Information Authorization for Applicant

Status of Filing in Domicile: Pending

Date Approved in Domicile:

Domicile Status Comments:

Market Type: Individual

Individual Market Type:

Filing Status Changed: 08/07/2012

State Status Changed: 08/07/2012

Created By: Jeanette Slabaugh

Corresponding Filing Tracking Number:

Dear Sir or Madam:

The above referenced forms are being filed for review and approval and are for use with the policy forms shown below as approved by your state. These forms are new and do not replace any existing or previously approved forms.

Form Number: ILTC-5000 (AR) (1001) et al Form type: Long-Term Care Insurance Policy Approval Date: 08/13/2002

Form Number: INH-5000 (AR) (1001) et al Form type: Nursing Home & Assisted Care Living Facility Insurance Policy Approval Date: 08/13/2002

Form ALTC-5010 (0712) is Producer (Agent Report) completed at the time of application. Form LTCHIPAAAuth (0712) is an Insurance Medical Authorization which allows the release of information in order to complete medical underwriting. Both forms are used in our application package of forms.

Bracketing is included on both forms, where allowed, and an explanation of bracketing is included in the Statement of Variability included in this filing.

To the best of my knowledge, this filing is complete and intended to comply with the insurance laws and regulations of your state.

Thank you for your consideration of our filing. Should you have any questions or need additional information concerning this filing, please call me at 512-344-5861 or email me at airby@newyorklifeltc.com.

Sincerely,

Amy Irby

Senior Contracts & Compliance Associate

State: Arkansas
TOI/Sub-TOI: LTC03I Individual Long Term Care/LTC03I.001 Qualified
Product Name: 5.0 Select Premier
Project Name/Number: HIPAA Authorization & Producer Report/

Filing Company: New York Life Insurance Company

Company and Contact

Filing Contact Information

Amy Irby, Senior Contracts & Compliance airby@newyorklifeltc.com
Associate
6200 Bridge Point Parkway 800-723-5555 [Phone] 5861 [Ext]
Suite 400
Austin, TX 78730-5006

Filing Company Information

New York Life Insurance Company	CoCode: 66915	State of Domicile: New York
6200 Bridge Point Parkway	Group Code: 826	Company Type: Long-Term
Suite 400	Group Name:	Care
Austin, TX 78730-5006	FEIN Number: 13-5582869	State ID Number:
(800) 723-5555 ext. [Phone]		

Filing Fees

Fee Required? No
Retaliatory? No
Fee Explanation:
Per Company: No

Company	Amount	Date Processed	Transaction #
New York Life Insurance Company	\$0.00	08/03/2012	
New York Life Insurance Company	\$100.00	08/06/2012	61448673

SERFF Tracking #:	NWLT-128591785	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Donna Lambert	08/07/2012	08/07/2012

Objection Letters and Response Letters

Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Donna Lambert	08/06/2012	08/06/2012

Response Letters

Responded By	Created On	Date Submitted
Amy Irby	08/06/2012	08/06/2012

SERFF Tracking #:	NWLT-128591785	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Disposition

Disposition Date: 08/07/2012

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		Yes
Supporting Document	Outline of Coverage		Yes
Supporting Document	Statement of Variability		Yes
Form	Producer Report	Approved	Yes
Form	Medical Authorization	Approved	Yes

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	08/06/2012
Submitted Date	08/06/2012
Respond By Date	08/10/2012

Dear Amy Irby,

Introduction:

This will acknowledge receipt of the captioned filing. Please see Section 5 of Rule and Regulation 57, amended effective January 1, 2010, or the SERFF General Instructions for ArkansasLH. The fee for this submission is \$50 for each rate and/or each form. Please submit \$100.

We will begin our review of this submission upon receipt of the filing fee.

Conclusion:

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Donna Lambert

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Response Letter

Response Letter Status	Submitted to State
Response Letter Date	08/06/2012
Submitted Date	08/06/2012

Dear Donna Lambert,

Introduction:

Please accept this as response to your 8/6/2012 Objection Letter.

Response 1

Comments:

As requested I have submitted the \$100.00 filing fee via EFT.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

Conclusion:

Thank you for your help. If you should have any additional questions please let me know.

Have a nice day!

Sincerely,

Amy Irby

State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Form Schedule

Lead Form Number: ALTC-5010 (0712)							
Item No.	Schedule Item Status	Form Number	Form Type	Form Name	Action/ Action Specific Data	Readability Score	Attachments
1	Approved 08/07/2012	ALTC-5010 (0712)	OTH	Producer Report	Initial:		ALTC-5010 (0712).pdf
2	Approved 08/07/2012	LTCHIPAAAuth (0712)	OTH	Medical Authorization	Initial:		LTCHIPAAAuth (0712)_7.31.12.pdf

Form Type Legend:

ADV	Advertising	AEF	Application/Enrollment Form
CER	Certificate	CERA	Certificate Amendment, Insert Page, Endorsement or Rider
DDP	Data/Declaration Pages	FND	Funding Agreement (Annuity, Individual and Group)
MTX	Matrix	NOC	Notice of Coverage
OTH	Other	OUT	Outline of Coverage
PJK	Policy Jacket	POL	Policy/Contract/Fraternal Certificate
POLA	Policy/Contract/Fraternal Certificate: Amendment, Insert Page, Endorsement or Rider	SCH	Schedule Pages

**[MULTI-LIFE PROGRAM] PRODUCER REPORT**

NEW YORK LIFE INSURANCE COMPANY
[6200 Bridge Point Parkway, Suite 400,] [Austin, Texas 78730-5006]

PRODUCER completes and returns**APPLICANT(S) /SALE INFORMATION**

Name of Applicant:		[Name of Spouse:]
Did you personally interview the Applicant(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
What is your evaluation of the Applicant(s)		
a. Surroundings? (Condition of residence, living arrangement)		<input type="checkbox"/> Did not visit home
b. Mental capabilities and alertness?		
c. Please provide any information pertinent to the underwriting process not already disclosed.		
Within the last 6 months have you written a New York Life (NYL) case on either Applicant which required medical records? <input type="checkbox"/> Yes (indicate policy #) _____ <input type="checkbox"/> No		
	Applicant	[Spouse]
Risk Class Quoted (Check appropriate box)	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4	<input type="checkbox"/> Preferred <input type="checkbox"/> Standard <input type="checkbox"/> Class 3 <input type="checkbox"/> Class 4
Premium Quoted/Mode	[\$_____] Mode [_____]	[\$_____] Mode [_____]
Premium Discount Quoted	<input type="checkbox"/> Marital <input type="checkbox"/> Sibling	<input type="checkbox"/> Multi-Life
Did you give the Applicant(s) a Conditional Receipt? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PRODUCER INFORMATION

If more than 3 producers are involved in the sale use an additional Producer Report.

Note: All producers involved in the sale are required to be licensed, appointed and complete all applicable Long-Term Care Insurance state required training in both the state of solicitation (signature state) and the applicant(s) state of residence.

Writing Producer

Full Name: First	Middle	Last	Producer Code:
Telephone Number () -	Email Address:		Commission Split (%):
Please select one of the following responses:			
<input type="checkbox"/> I am a TAS Agent		<input type="checkbox"/> I am NOT a TAS agent	
If you are a TAS Agent, please note if any of the relationships below are applicable for either the applicant or the spouse. ("Family member" includes parents, spouse, siblings or children related by blood, marriage, or law AND a Family member of another NYL agent.):			
<input type="checkbox"/> Self <input type="checkbox"/> Family member <input type="checkbox"/> Other NYL agent <input type="checkbox"/> Other (Not self, Family member or other agent)			



**[MULTI-LIFE PROGRAM] PRODUCER REPORT**

NEW YORK LIFE INSURANCE COMPANY
[6200 Bridge Point Parkway, Suite 400,] [Austin, Texas 78730-5006]

PRODUCER completes and returns**Writing Producer 2**

Full Name: First Middle Last		Producer Code:
Telephone Number () -	Email Address:	Commission Split (%):
Please select one of the following responses:		
<input type="checkbox"/> I am a TAS Agent		<input type="checkbox"/> I am NOT a TAS agent
If you are a TAS Agent, please note if any of the relationships below are applicable for either the applicant or the spouse. ("Family member" includes parents, spouse, siblings or children related by blood, marriage, or law AND a Family member of another NYL agent.):		
<input type="checkbox"/> Self <input type="checkbox"/> Family member <input type="checkbox"/> Other NYL agent <input type="checkbox"/> Other (<i>Not self, Family member or other agent</i>)		

Writing Producer 3

Full Name: First Middle Last		Producer Code:
Telephone Number () -	Email Address:	Commission Split (%):
Please select one of the following responses:		
<input type="checkbox"/> I am a TAS Agent		<input type="checkbox"/> I am NOT a TAS agent
If you are a TAS Agent, please note if any of the relationships below are applicable for either the applicant or the spouse. ("Family member" includes parents, spouse, siblings or children related by blood, marriage, or law AND a Family member of another NYL agent.):		
<input type="checkbox"/> Self <input type="checkbox"/> Family member <input type="checkbox"/> Other NYL agent <input type="checkbox"/> Other (<i>Not self, Family member or other agent</i>)		

If more than one producer is involved in the sale, who is to receive correspondence related to the application and policy? (*Select only one producer*)

☐ Writing Producer ☐ Producer 2 ☐ Producer 3 ☐ Other (Please specify) _____

Date

X _____
Signature of Writing Producer



**LONG-TERM CARE INSURANCE MEDICAL AUTHORIZATION
[APPLICANT] [SPOUSE]**

NEW YORK LIFE INSURANCE COMPANY
[6200 Bridge Point Parkway, Suite 400,] [Austin, Texas 78730-5006]

To be completed and returned [(One form for each Applicant)]

I hereby authorize any physician; health care professional; hospital; clinic; laboratory; pharmacy; medical or medically-related facility; alcohol or drug facility; pharmacy or pharmacy benefit manager; other health care provider; any consumer reporting agency such as the Medical Information Bureau, Inc. (MIB); insurance company; or any other organization, institution or person that has provided payment, treatment, or services to me within the past five years to disclose my medical records (electronic or paper form) covering such payment, treatment or services to New York Life Insurance Company (New York Life) to see if (and on what basis) I qualify for the insurance applied for. This includes, but is not limited to, data, reports, and records that contain history, findings, diagnosis, prognosis and treatment(s) about my physical and mental health, sexually transmitted diseases (HIV/AIDS/ARC), and the use of alcohol, drugs, and tobacco, but excludes psychotherapy notes. This also includes any portion of my medical records during this period I have previously requested be withheld from release, which request I hereby terminate for purposes of this authorization. I authorize New York Life to make a brief report of my protected health information to MIB.

I understand that this authorization must be fully completed and signed as a condition of applying for insurance with New York Life. My current application will not be accepted unless this authorization is signed.

I understand that my authorized representative or I will receive a copy of this signed authorization. A copy of this authorization shall act as the original.

This authorization is valid for two years from the date shown below unless revoked by me in writing. I have the right to revoke this authorization at any time by notifying New York Life in writing at the address on this authorization. My revocation will not be effective to the extent New York Life or any other person already has disclosed, collected information, or taken other action in reliance on it. My revocation will also not be effective to the extent state law gives New York Life the right to contest a claim under the policy or the policy itself.

The information New York Life obtains based on this authorization may be subject to further disclosure. For example, New York Life may be required to provide it to an insurance regulatory or other government agency. In this case, the information may no longer be protected by the rules governing this authorization.

[APPLICANT] [SPOUSE]

Name: First Middle Last (Please Print) Date of Birth

Maiden Name (if applicable)

Address

City State Zip

[3]

Date

X _____
Signature of [Applicant] [Spouse]

SERFF Tracking #:	NWLT-128591785	State Tracking #:	Company Tracking #:
State:	Arkansas	Filing Company:	New York Life Insurance Company
TOI/Sub-TOI:	LTC03I Individual Long Term Care/LTC03I.001 Qualified		
Product Name:	5.0 Select Premier		
Project Name/Number:	HIPAA Authorization & Producer Report/		

Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Flesch Certification		
Comments:			
Attachment(s):			
READABILITY CERTIFICATION.pdf			

		Item Status:	Status Date:
Bypassed - Item:	Application		
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Health - Actuarial Justification		
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Bypassed - Item:	Outline of Coverage		
Bypass Reason:	Not Applicable		
Comments:			

		Item Status:	Status Date:
Satisfied - Item:	Statement of Variability		
Comments:			
Attachment(s):			
Statement of Variability.pdf			

READABILITY CERTIFICATION

COMPANY NAME New York Life Insurance Co., NAIC # 66915, hereby certifies that the following form(s) comply with the minimum reading ease score requirements of Arkansas Statute 23-80-206 and achieved a Flesch reading ease test score of:

FORM NUMBER	FLESCH SCORE
<u>ALTC-5010 (7012)</u>	<u>48.0</u>
<u>LTCHIPAAAuth (0712)</u>	<u>40.0</u>



Digitally signed by Michael Francescone
DN: cn=Michael Francescone, o=New
York Life Insurance Company, ou,
email=mfrancescone@newyorklifeltc.co
m, c=US
Date: 2012.08.03 10:44:16 -05'00'

Signature of Company Officer

Michael Francescone/Vice-President and Actuary

Typed Name and Title

8/3/2012

Date

Statement of Variability

Form Number	Variable Text	Reason for Variability
ALTC-5010 (0712)	[MULTI-LIFE PROGRAM]	To allow form to be used with both our individual and multi-life programs
	Company Address	In case the company changes physical location
	[Name of Spouse]	To allow form to be used with both our individual program where a spouse can apply as well as our multi-life program that does not allow a spouse to apply.
	[Spouse]	To allow form to be used with both our individual program where a spouse can apply as well as our multi-life program does not allow a spouse to apply.
	[Preferred] [Standard] [Class 3] [Class 4]	To allow the names of rating classes to be revised should the company decide to relabel rating classes within approved rate structure.
	\$[_____] Mode[_____]	To allow the amount of premium and mode to be customized to the individual
LTCHIPAAAuth (0712)	[APPLICANT] [SPOUSE]	To allow form to be used with both our individual program where a spouse can apply as well as our multi-life program does not allow a spouse to apply.
	Company Address	In case the company changes physical location
	[(One form for each Applicant)]	To allow form to be used with both our individual program where a spouse can apply as well as our multi-life program does not allow a spouse to apply.